

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000093454 (1)**  
 1. Corporation Name  
**IRONWOOD CAPITAL INC.**



Principal Place of Business Mailing Address  
**2234 N. FEDERAL HIGHWAY #493 BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/30/1997**  
 4. FEI Number  
**65-0790537**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                 |                                       |
|-----------------|---------------------------------------|
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            | <b>D LITMAN, NANCY</b>                |
| STREET ADDRESS  | <b>% 2234 N. FEDERAL HIGHWAY #493</b> |
| CITY - ST - ZIP | <b>BOCA RATON FL 33431</b>            |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this filing as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an original signature.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)

*Nancy J Litman*  
*1/16/98*